

15 CHAPTER

SEXUALITY EDUCATION

In recent decades, concerns about teenage sexuality, pregnancy, and sexual health have been mounting worldwide. Since the early 1990s, many of the countries of Eastern Europe, the Caucasus, and Central Asia have experienced major epidemics of sexually transmitted infections (STIs), particularly of syphilis. In addition, the threat of increasing rates of HIV/AIDS infections, increased rates of premarital intercourse and other related changes in sexual and reproductive health behaviors, and increased media sexual imagery have sparked public debate about sexuality education. Prevention programs designed to reduce the rate of adolescent pregnancy and STIs require a multifaceted approach, and school-based sexuality education is one important component of a broader effort. Under the strong moralistic principles vigorously promoted by the communist regime, sexuality education in school was largely absent, sexual health was a taboo topic, and knowledge of contraception was discouraged for the purpose of population growth (Popov AA and David HP., 1999; Baban A. and David HP., 1994). Although elements of reproductive biology were taught in high school in the biology and human anatomy classes, none of the Soviet bloc countries had national policies related to comprehensive sexuality education in school. During the 1990s, local and international non-governmental agencies in several countries of the regions initiated lectures about reproductive health, family planning, and sexually transmitted diseases, both outside and inside school. Generally, these efforts have not been standardized, lacked national coverage, and often were limited in scope and time frame. Furthermore, the perpetuation of Soviet attitudes toward sexual topics had stalled most efforts to introduce national comprehensive sex education programs in school.

A number of studies have demonstrated that quality sexuality education or family life education programs can lead to higher levels of abstinence, later initiation of sexual activity, increased use of contraception, and fewer sexual partners (Kirby D. et al., 1994; Kirby D, 1999; Dawson DA, 1986). Health education interventions are widely seen as appropriate strategies for promoting young people's sexual health, particularly when information among young people about sexuality, reproduction, contraception, and sexually transmitted infections are lacking. Fears that sexuality education programs encourage or increase sexual activity appear to be unfounded. In fact, some programs have been associated with a delay in the initiation of intercourse and an increased likelihood of condom use (Grunseit A, 1997; Grunseit A. et al., 1997).

In several countries (Moldova, Romania, Azerbaijan, Georgia), one of the objectives of the Reproductive Health Survey (RHS) was to examine whether reproductive-age women support the concept of sexuality education (family life education) in schools and to explore their opinions about the best age to start such education. If presented effectively, such information could help initiate open discourse on age-appropriate sexual health education and alleviate fears that parents may be against school-based education on sexual issues. In addition, the survey questionnaire was designed to explore young adult women's exposure to elements of sexual health education in school and at home and their most common sources of information on sexual matters. Data on exposure to sexuality education and on knowledge of young adults about reproductive health issues could be used for designing formal school curricula and projecting the need for training of teachers.

15.1 Opinions about Sexuality Education in School

All RHS surveys that included a module about sexuality education (Moldova, Romania, Azerbaijan, and Georgia) documented a public desire for formal sexuality education among respondents of childbearing age. The majority of women (and men in Romania), regardless of age, residence, marital status, parity, and education, endorsed school-based sexuality education, (Table 15.1.1). When asked about specific sexuality education topics, between 71% and 98% of women felt that reproductive biology, birth control methods, and STI topics should be part of the school curriculum. Respondents in Azerbaijan, the only Muslim country where questions about sexuality education were asked, were slightly less likely than respondents of other countries to agree with sexuality education.

Among the minority who did not agree that sexuality education should be taught in school, the belief that it 'may give adolescents the idea to begin sexual activity earlier' was almost universal (84%–89%)—excepting in Romania where only 40% of opponents held this opinion (data not shown). Between 62% and 71% of women who were opposed to school-based sexuality education thought that it should only be taught at home, while 43%–54% thought that those who teach sexuality education in schools are not qualified. In Azerbaijan and Georgia, about one in two opponents said that endorsing sexuality education is against their religious beliefs.

Women who agreed on the need for school-based sexuality education were also asked their opinion about the best age to start each topic of sexuality education (Table 15.1.2). Although

Table 15.1.1
Percent Agreeing that Certain Sexuality Education Topics Should Be Taught in School
Among Women Aged 15–44 by Selected Characteristics
Eastern Europe and Eurasia: A Comparative Report

Country	Moldova, 1997				Romania, 1999				Azerbaijan, 2001				Georgia, 1999			
	Any Topic	Conception	Methods of Contraception	STIs	Any Topic	Conception	Methods of Contraception	STIs	Any Topic	Conception	Methods of Contraception	STIs	Any Topic	Conception	Methods of Contraception	STIs
Total	98	98	98	98	95	95	94	94	75	75	73	71	86	86	81	83
Residence																
Urban	99	98	98	99	97	97	96	96	76	76	74	72	91	90	86	88
Rural	97	97	97	97	91	91	89	90	73	73	71	70	81	81	74	77
Age Group																
15–24	99	99	99	98	94	94	93	93	74	74	72	70	85	85	80	82
25–34	97	97	97	97	95	95	94	94	76	76	74	74	89	89	83	87
35–44	97	97	97	97	95	95	94	94	74	74	72	71	85	85	79	82
No. of Living Children																
0	99	99	98	98	96	96	95	95	75	75	73	72	86	86	81	84
1	98	98	98	98	96	96	95	95	77	77	75	74	90	90	84	87
2	97	97	97	97	95	95	94	94	75	75	74	72	86	86	81	84
3+	97	97	96	97	87	87	85	85	72	72	70	69	81	81	76	77
Education Level																
Secondary Incomplete	97	97	97	97	91	89	88	88	69	69	67	66	72	72	65	67
Secondary Complete	97	97	97	97	98	98	97	98	74	74	72	71	86	86	82	84
Technicum	99	99	99	99	*	*	*	*	79	79	78	76	89	89	82	86
Postsecondary	99	99	99	99	99	99	99	99	82	82	80	80	93	93	88	91

* Technicum, specific to former Soviet Union countries, does not exist in Romania.

most respondents believed that students should be informed about sexual issues in school, opinion about the best time for starting education about “how pregnancies occur,” methods of contraception, and sexually transmitted infections, varied widely among the countries. While a substantial proportion of women in Moldova (58%–62%) believed that the best time for a child to gain some

information on these topics was elementary or middle school (7 to 13 years of age), only between one third and one fourth of Romanian women and fewer than one in five Azeri and Georgian women endorsed early sexuality education. In Romania, Azerbaijan and Georgia, the majority of women believed that sexuality education should start at the beginning of high school (14–15 years of age).

Table 15.1.2
Opinions on Best Age To Start School-Based Courses on Specific Sexual Health Topics
Among Women Aged 15–44 Who Agreed with Sexuality Education in School
(Percent Distribution)
Eastern Europe and Eurasia: A Comparative Report

Region and Country	Best Age to Start Courses on "How Pregnancies Occur"					Best Age to Start Courses on "Methods of Contraception"					Best Age to Start Courses on "Sexually Transmitted Infections"				
	≤13	14–15	16+	Total	No. of Cases	≤13	14–15	16+	Total	No. of Cases	≤13	14–15	16+	Total	No. of Cases
Eastern Europe															
<i>Moldova, 1997</i>	62	33	5	100	5,389	58	36	6	100	5,286	58	36	6	100	5,286
<i>Romania, 1999</i>	32	48	20	100	6,481	26	50	24	100	6,413	27	50	22	100	6,426
Caucasus															
<i>Azerbaijan, 2001</i>	19	53	27	100	5,763	12	49	38	100	5,537	12	48	40	100	5,580
<i>Georgia, 1999</i>	21	64	14	100	6,843	14	63	23	100	6,383	14	61	25	100	6,610

15.2 Young Adult Experience with Sexuality Education at Home or in School

Young women were asked if they discussed issues related to sexual behaviors with their parents (Table 15.2.1). In Romania questions were also asked of young men, in order to identify possible differences in the subjects parents prefer to discuss in relation to the gender of their child. From 56% of women in Azerbaijan to 88% in Romania had discussed at least one sexual health topic with a parent before reaching the age of 18. Generally, these discussions consisted for the most part of talking about the menstrual cycle and abstinence before marriage. In Moldova and Romania, from 43% to 53% had discussed

“how pregnancies occur” compared with less than 14% in Azerbaijan and Georgia. Fewer young adult women had discussed HIV/AIDS, other STIs, and contraception with a parent - less than 6% in the two countries in the Caucasus Region. From the findings in Romania (which included independent female and male samples), it was evident that daughters report talking far more often with their parents about any sexual health topics than do sons (88% vs. 38%) (Table 15.2.1). Nonetheless, parents discussed HIV/AIDS and other STIs with their sons more often than with their daughters; among young adults who reported a parent-child dialogue, a greater proportion of young males than young females had discussions about HIV/AIDS and other STIs while a greater percentage of young women

Table 15.2.1
Percent Who had Discussions with a Parent or School-Based Lectures about Sexual Health Topics Before Age 18
Among Young Adults Aged 15–24
By Specific Sexual Health Topics
Eastern Europe and Eurasia: A Comparative Report

Region and Country	Discussed with a Parent							Had School-Based Lectures							No. of Cases	
	Any Topic	Menstrual Cycle	Abstinence Before Marriage	How "Pregnancies Occur"	HIV/AIDS	Other STIs	Methods of Contraception	Any Topic	Female Re-productive Biology	Male Re-productive Biology	Menstrual Cycle	How "Pregnancies Occur"	HIV/AIDS	Other STIs		Methods of Contraception
Eastern Europe																
<i>Moldova, 1997</i>	79	78	*	43	29	27	24	94	90	88	89	69	54	50	34	1,657
<i>Romania, 1999 (Females)</i>	88	79	66	53	41	40	33	89	78	75	71	59	42	39	29	2,163
<i>Romania, 1999 (Males)</i>	38	29	28	21	20	14	10	71	61	58	48	45	41	30	29	631
Caucasus																
<i>Azerbaijan, 2001</i>	56	49	22	11	6	4	4	40	30	30	25	21	7	3	2	2,414
<i>Georgia, 1999</i>	61	59	14	13	5	3	2	49	45	43	36	32	5	2	1	2,388

* Question was not asked.

than men discussed the menstrual cycle, abstinence before marriage, and contraception.

Young women (and young men in Romania) were also asked whether, before they reached age 18, they had ever received formal instruction in school about the topics listed in Table 15.2.1. Overall, the majority (89%–94%) of young women in Romania and Moldova had had at least one school-based course or class on sexuality education, but less than one in two women in Azerbaijan and Georgia had had such lectures. Generally, all young adults were more likely to have received lectures on female and male reproductive biology, the menstrual cycle, and how pregnancies occur than lectures on HIV/AIDS, other STIs, and methods of contraception.

Young women who reported exposure to formal instruction were also asked the age at which they first had a class on each specific topic (Table 15.2.2 and Figure 15.2). The study of age patterns for sexual health courses demonstrates that, regardless of topic, courses were seldom provided before age 14. About 40% of young women in Moldova and Romania reported that courses related to “how pregnancies occur” started before age 15, which is prior to high school. Generally, if young women did not receive such courses before age 15, the majority had them in first or second year of high school. Very few reported such courses after age 17. Lectures about HIV/AIDS, other STIs, and contraception are significantly less prevalent than lectures on “how pregnancies occur” by each successive birthday. In all countries the least taught topic was methods of contraception. The cumulative proportion of young women reporting formal instruction about this topic by age 18 ranged from 36% to 38% in Moldova and Romania to 1%–2% in the Caucasus countries. The fact that most sexuality lectures were offered during

the high school years—particularly in countries with school-based lectures on contraception and STIs (e.g. Moldova and Romania)—points to the need for out-of-school education for those students who never entered secondary school.

Less than 43% of women in Romania or Moldova and less than one-fourth in Azerbaijan and Georgia knew that the most likely time to get pregnant during the menstrual cycle is halfway between periods (Table 15.2.3). Discussions with a parent appeared to help somewhat in Romania, but did not have any significant influence in the other countries. Again, if the menstrual cycle was taught in school, there was no significant impact on knowledge.

The respondents were also asked if the risk of getting pregnant is lower while breastfeeding. Only one-sixth (17% in Romania) to 40% in Georgia had this knowledge, and only parental discussions in Georgia appears to have improved correct knowledge. A substantial minority of young women did not know that it is possible to get pregnant at first intercourse, from 42% in Azerbaijan to 24% in Georgia. Again, parental discussions or school instruction did not appear to have any impact on their knowledge in Moldova and Azerbaijan.

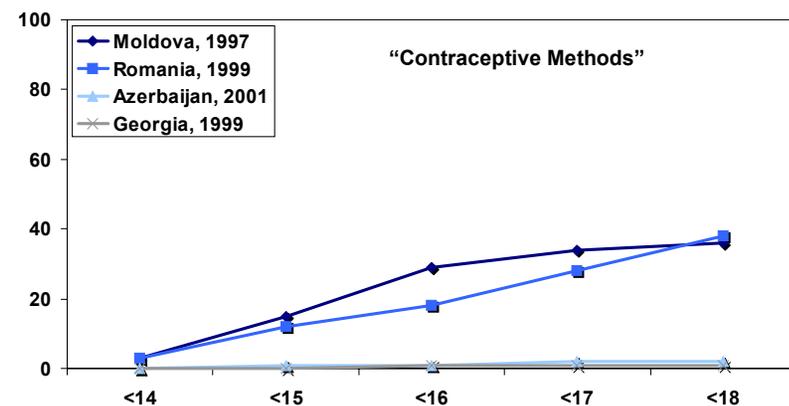
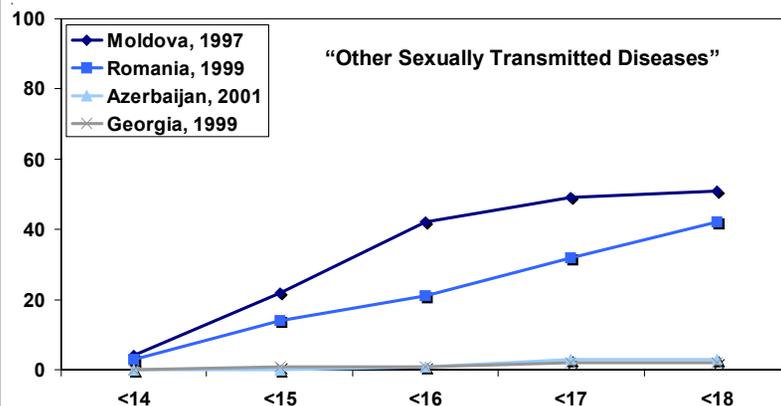
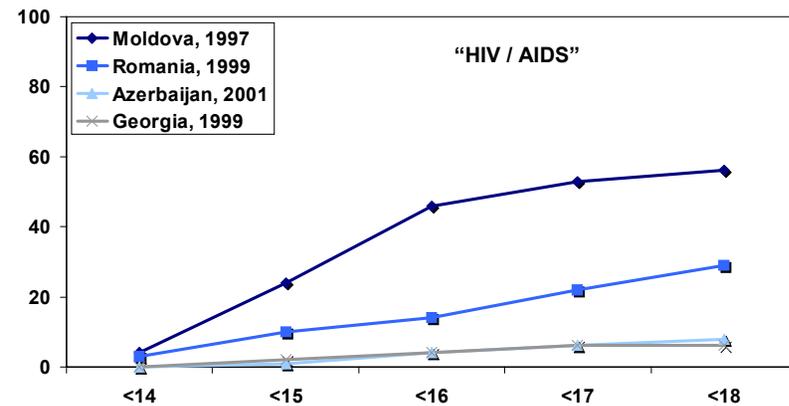
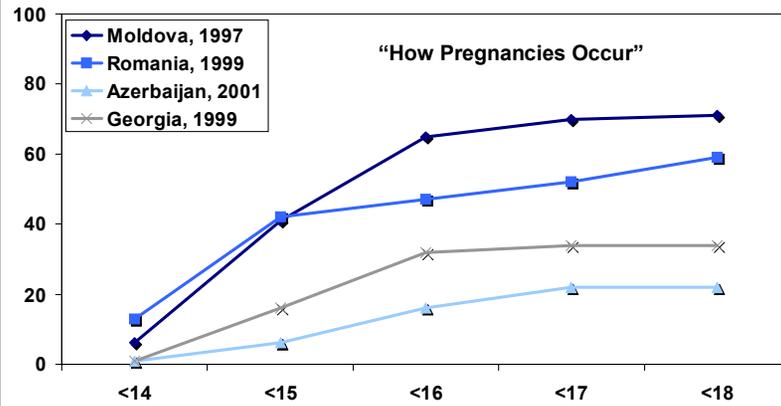
Thus, it appears that formal sexuality education is limited for both in school and out of school youth in this region and what does exist may not have high quality curriculum or teaching. Age-appropriate, quality sexual and reproductive health information needs to be provided to both young women and young men, both in school and outside school. Policies and programs need to involve parents, religious leaders, and community leaders and should deal with the ambiguous messages that youth receive from the mass media and society in general.

Table 15.2.2 Percentage of Young Women Aged 15–24 Who Received School-Based Lectures about Sexual Health Topics Before Certain Ages By Specific Sexual Health Topics Eastern Europe and Eurasia: A Comparative Report																				
Family Life Education Topic	Moldova, 1997					Romania, 1999					Azerbaijan, 2001					Georgia, 1999				
	<14	<15	<16	<17	<18	<14	<15	<16	<17	<18	<14	<15	<16	<17	<18	<14	<15	<16	<17	<18
How Pregnancies Occur	6	41	65	70	71	13	42	47	52	59	1	6	16	22	22	1	16	32	34	34
HIV/AIDS	4	24	46	53	56	3	10	14	22	29	0	1	4	6	8	0	2	4	6	6
Other Sexually Transmitted Diseases	4	22	42	49	51	3	14	21	32	42	0	0	1	3	3	0	1	1	2	2
Contraceptive Methods	3	15	29	34	36	3	12	18	28	38	0	1	1	2	2	0	0	1	1	1

Table 15.2.3
Percent with Correct Knowledge about Specific Reproductive Health Issues
by Whether or not These Issues Were Discussed at Home or Taught in School
Among Young Women Aged 15–24 Years
Eastern Europe and Eurasia: A Comparative Report

Region and Country	Correct Knowledge about "The Most Likely Time to Become Pregnant During Menstrual Cycle"					Correct Knowledge that "Breastfeeding Can Lower a Woman's Risk to Get Pregnant"					Correct Knowledge that "It is Possible to Get Pregnant at First Intercourse"				
	Total	Parental Discussions		School-Based Lectures		Total	Parental Discussions		School-Based Lectures		Total	Parental Discussions		School-Based Lectures	
		Yes	No	Yes	No		Yes	No	Yes	No		Yes	No	Yes	No
Eastern Europe															
<i>Moldova, 1997</i>	39	36	44	38	40	28	25	31	26	29	70	67	73	64	72
<i>Romania, 1999</i>	42	45	30	44	36	17	16	17	17	16	72	77	66	77	64
Caucasus															
<i>Azerbaijan, 2001</i>	8	9	6	11	6	24	28	24	27	24	58	73	57	65	57
<i>Georgia, 1999</i>	25	27	22	31	21	40	51	38	45	38	76	87	75	82	74

Figure 15.2
Percent of Young Women Aged 15–24 Who Received School-Based Lectures
About Sexual Health Topics Before Certain Ages
Eastern Europe and Eurasia: A Comparative Report



15.3 Most Important Source of Information about Sexual Matters

Young women aged 15–24 were asked who, in their opinion, has been their most important source of information on topics related to sexual matters. The most important source for this type of information among Azeri and Georgian women was their friends and peers (39%–46%) while in Romania it was mass media (28%) (Table 15.3). In Azerbaijan, one

third of young women named a relative (including 10% who said that a parent was the most important source of information), less than one in ten women named the media, one in twenty named a teacher, and fewer than 2% named a doctor as the most important source of information. In Romania, over one fourth of all respondents said the primary source of their knowledge was mass media. In each country, between 5% and 7% cited printed materials such as books and magazines as the most important source of information.

Source	Romania 1999	Azerbaijan 2001	Georgia 1999
Mass Media	28	9	14
Friends/Peers	21	39	46
A Parent	21	10	8
Relatives other than a Parent	5	24	5
Books	5	7	7
Teacher	13	5	10
Partner/Husband	3	5	8
Doctor	4	2	2
Other	2	0	0
Total	100	100	100
No. of Cases*	2,116	2,372	2,360

* Excludes young women with no opinion.

15.4 Summary of Findings

Highlights from this chapter with data for four countries may be summarized as follows:

- ◆ The majority of reproductive age women in Moldova, Romania, Georgia and Azerbaijan, from 75%–98%, are in agreement that certain sexuality education topics should be taught in school. Agreement is highest in Moldova and Romania and lowest in Georgia. Agreement increases with educational level in all countries for any topic and for selected topics.

- ◆ For those women who agreed that sexuality education should be given in the school setting, the majority of women in Moldova think that age appropriate interventions should be at less than 14 years of age; the majority favor 14–15 years of age in the other countries.
- ◆ From 56% of young adult women Azerbaijan to 88% in Romania discussed at least one sexual health topic with a parent before age 18. The topics most commonly discussed were the menstrual cycle and abstinence before marriage.

In Romania, where an independent sample of males was conducted, it is evident that parents talk far more often with their daughters than with their sons.

- ◆ A minority of young adult females in all four countries had correct knowledge on “the most likely time to become pregnant during the menstrual cycle” or that “breastfeeding can lower

a women’s risk of pregnancy” and at least 24% in each country did not know that it was possible to get pregnant at first intercourse.

- ◆ The most important source of information on sexual matters for young people in Azerbaijan and Georgia was friends and peers. In Romania, the mass media was most often mentioned.

